

Diagnostic Center, Southern California

DCSC Gazette

Promoting Excellence in Special Education



Autism: Information and Intervention

What is Autism?

"Autism is a complex developmental disability that typically appears during the first three years of life that affects the normal functioning of the brain, impacting development in the areas of social interaction and communication skills." (Autism Society of America. 2006) Autism Spectrum Disorder (ASD) includes Autism, Asperger syndrome, pervasive developmental disorder, not otherwise specified, and Rett disorder.

What causes Autism?

There is no known single cause of autism, but it is generally accepted by the medical community that it is caused by abnormalities in brain structure or function. Researchers are investigating a number of theories including the link between heredity, genetics and medical problems." (Autism Society of America. 2006)

What are effective interventions?

Educational programming should be based on the unique characteristics of the individual

student.

A diagnosis of ASD does not indicate how or what to teach." "No single intervention or approach has proven to be effective for every individual with ASD." (National Research Council 2001) Ann England and Rebecca Steinberger, of the Diagnostic Center, Northern California, have developed the following considerations for special educators and service providers who are planning interventions for children with ASD.

• Provide early intervention
Collaboration among all who are involved with the student (e.g., teachers, family, speech-language pathologists, occupational therapist, paraeducator and other members of the IEP team) is paramount to ensure optimal outcomes.

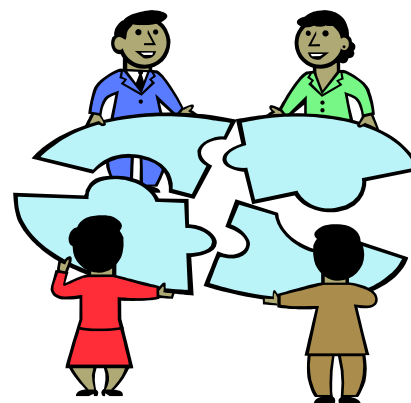
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Professional Development Opportunities 2007-2008

The Diagnostic Center's Professional Development Catalog for the 2007-08 school year is in the final preparation process. We are pleased to let you know that we are adding several new workshops next year in the areas of positive behavioral supports, autism, moderate to severe disabilities, co-teaching, and data based documentation and progress monitoring. In addition to workshops we also offer Consulta-

tion Services in topics including literacy; medical/mental health; assessment strategies & methodologies.

Workshops are hosted by SELPAs and/or school districts throughout southern California and are provided at no cost. Our Catalog will be available by mid-May, either at your SELPA office or on our website at www.dcs-cde.ca.gov



WEB RESOURCES

- <http://cmap.ihmc.us/download>

Concept mapping software called CMAP Tools that is free to schools and others for non commercial uses

- <http://www.harmonyhollow.net/>

Contains some fun, free downloads such as: "Cool Timer" which times each persons turn on the computer; and "The Hat" which shuffles a list of names to determine random order (helpful in determining order of turns).

Autism— continued

- Following a comprehensive assessment, thoroughly document the educational programming in the IEP.
- Make sure to address individual needs in the areas of communication, social interactions and behavior.
- Develop those skills the student needs to become as independent as possible in school, home and community, both now and in the future.
- Develop and use an activity matrix to ensure that goals and objectives are infused and addressed throughout the school day.
- Provide a structured and consistent educational setting with appropriate supports and accommodations tailored to individual needs.
- Plan for transitions
- Incorporate the student's interests when designing instructional activities and identifying reinforcers to increase motivation.
- Provide choice making opportunities throughout the day to increase motivation and sustain attention to the task
- Use the student's strengths to teach deficit areas.
- Accompany instructions with visuals (e.g., model, demonstration, and picture).
- Provide an individual schedule. Design the schedule based on the individual ability level of the student (e.g., object, photo, picture symbol, written).
- Provide visual supports as needed (e.g., individual schedule, mini-task schedule; first__then__card; wait card; finish card; take a break card; timer; change card, Social Stories).
- Some students with an ASD may require an individually designed alternative and augmentative communication system to communicate effectively with others.
- Strive to understand the impact of Autism on the student's behavior. Use positive behavior supports to help prevent problem behavior and teach students more prosocial ways for getting wants and needs known and met. Purposefully teach social interaction and social communication skills and strategies.
- Provide opportunities for the student's IEP goals to be met in the least restrictive setting with appropriate supports and adaptations.

TEN EDUCATIONAL CHARACTERISTICS OF CHILDREN WITH AUTISM

1. **Their abilities are uneven.**
2. **Difficulty with paying attention is part of the syndrome.**
3. **They learn better visually.**
4. **Change is not easily tolerated.**
5. **Extra time to process is necessary.**
6. **They have difficulty performing on request.**
7. **Generalizing is difficult.**
8. **Transitions are hard.**
9. **They remember things rotely.**
10. **Their motivation is unreliable.**

Book Review

Fletcher, J, Lyon, R., Fuchs, L., Barnes, M. (2007). *Learning Disabilities: From Identification to Intervention*. Guilford Press.

This text is a highly readable and valuable resource. It provides an intense overview of the inception of learning disabilities as a construct and diagnosis, and the struggles over the years to understand the nature and causes of disabilities in reading, math, and written expression.

The chapters build the argument of Response to Intervention being absolutely necessary prior to labeling an individual as learning disabled. Research is reviewed to demonstrate that the numbers of LD children in special education placements drop when inter-

ventions are provided early-on and progress is documented.

Chapter 5: Reading Disabilities: Word Recognition takes a long look at research in recognition of the fact that disorders at the word level are the most common form of LD. Defining dyslexia, research looking at causes, interventions (Torgesen, Fuchs, Simmons, Kame'eni, et al.), are reviewed.

Additional chapters include "Reading Fluency"; "Reading Comprehension"; "Mathematics Disabilities"; "Written Expression Disabilities", and "Conclusions and Future Directions."



"To be sure, the past decade has brought about a major convergence of scientific evidence that the capacity to revolutionize how we address LDs and design general and special education. But research is only as good as its implementation. Perhaps for the first time in education, scientific evidence is not only informing instruction, but also playing a major role in federal education legislation. These

strides provide the basis for optimism about the future for students with LDs, a future that requires the integration of science, practice and policy."